

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2007

through

09

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

10

18

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		43802.52
(b) Cash on Hand at Beginning of Reporting Period .....	70750.99	
(c) Total Receipts (from Line 19) .....	9293.50	85741.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	80044.49	129544.49
7. Total Disbursements (from Line 31) .....	5000.00	54500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	75044.49	75044.49
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8744.22	75237.88
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	549.28	10504.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	9293.50	85741.97
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	9293.50	85741.97
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9293.50	85741.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9293.50	85741.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		4000.00	53500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		5000.00	54500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		5000.00	54500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9293.50	85741.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9293.50	85741.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Joy A Amundson

Mailing Address 110 W. Onwentsia Road

City	State	Zip Code
Lake Forest	IL	60045

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3814.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	7

Transaction ID: 71016.C32322

Amount of Each Receipt this Period

404.62

Receipt

Payroll Deduction: (202.3-  
1/Pay Period)

Full Name (Last, First, Middle Initial)

**B.** Robert H Armstrong

Mailing Address 133 Manchester Drive

City	State	Zip Code
Waukesha	WI	53188

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP, R & D Medical Devices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	7

Transaction ID: 71016.C32327

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

Full Name (Last, First, Middle Initial)

**C.** Donald Baker

Mailing Address 286 Whitworth

City	State	Zip Code
Thousand Oaks	CA	91360

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	7

Transaction ID: 71016.C32350

Amount of Each Receipt this Period

127.22

Receipt

Payroll Deduction: (63.61-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

631.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael J Baughman  
Mailing Address 5343 N Lakewood Avenue

City State Zip Code  
Chicago IL 60640

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32356

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Sebastian Bufalino  
Mailing Address 1091 Pine Meadow Ct

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
VP, Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

907.46

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32368

Amount of Each Receipt this Period

96.64

Receipt

Payroll Deduction: (48.32-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Donna Campagna  
Mailing Address 30922 St Andrews Drive

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP, Baxter IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32317

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

336.64

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Conrad Mailing Address 113 S Waverly Pl City State Zip Code Mt Prospect IL 60056 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation Dir, Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1152.78			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32354 Amount of Each Receipt this Period 122.40 Receipt Payroll Deduction: (61.20- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Creviston Mailing Address 717 North Maple Ave. City State Zip Code Palatine IL 60067 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation VP, Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1732.45			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32347 Amount of Each Receipt this Period 187.86 Receipt Payroll Deduction: (93.93- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Margarita Cruz-casse Mailing Address Violeta 153, San Francisco City State Zip Code San Juan PR 00927 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Puerto Rico Occupation Dir, Logistics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.42			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32375 Amount of Each Receipt this Period 83.16 Receipt Payroll Deduction: (41.58- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**393.42**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert M Davis		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7
Mailing Address 21515 Hummingbird Court		<b>Transaction ID:</b> 71016.C32357
City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 303.46	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, Chief Financial Officer	Payroll Deduction: (151.7- 3/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2737.47	

<b>B.</b> Full Name (Last, First, Middle Initial) Scot Deaths		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7
Mailing Address 28461 Hidden Hills Blvd		<b>Transaction ID:</b> 71016.C32335
City State Zip Code Saugus CA 91390	Amount of Each Receipt this Period 67.78	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation Plant Manager II	Payroll Deduction: (33.89- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.23	

<b>C.</b> Full Name (Last, First, Middle Initial) Paul Estrem		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7
Mailing Address 325 Clarewood Circle		<b>Transaction ID:</b> 71016.C32320
City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Finance	Payroll Deduction: (50.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

**SUBTOTAL** of Receipts This Page (optional) .....

471.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Camille I Farhat  
Mailing Address 1052 Warrington Road

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
General Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32329

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Alan Freedlund  
Mailing Address 746 S River Rd

City State Zip Code  
Naperville IL 60540-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 0 7

Transaction ID: 70919.C32120

Amount of Each Receipt this Period

250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kevin Freeman  
Mailing Address 20982 Buffalo Run

City State Zip Code  
Kildeer IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP I, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1178.91

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32314

Amount of Each Receipt this Period

126.36

Receipt

Payroll Deduction: (63.18-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

476.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Valery E Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
 Green Oaks IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Dir, State Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1186.78

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32330

Amount of Each Receipt this Period

127.20

Receipt

Payroll Deduction: (63.60-  
/Pay Period )

Full Name (Last, First, Middle Initial)

B. James Gatling

Mailing Address 3704 Lindsay Ln

City State Zip Code  
 Crystal Lake IL 60014

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2738.41

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32300

Amount of Each Receipt this Period

292.30

Receipt

Payroll Deduction: (146.1-  
5/Pay Period )

Full Name (Last, First, Middle Initial)

C. Arthur J Gibson

Mailing Address 3775 Riverly Trace

City State Zip Code  
 Marietta GA 30067

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP, Environ Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32328

Amount of Each Receipt this Period

96.92

Receipt

Payroll Deduction: (48.46-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

516.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Greisch

Mailing Address 2636 Chesapeake Lane

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
CVP, President - International

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4306.90

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32369

Amount of Each Receipt this Period

456.92

Receipt

Payroll Deduction: (228.4-  
6/Pay Period)

Full Name (Last, First, Middle Initial)

B. Lawrence Guiheen

Mailing Address 1653 Vista Oaks Way

City State Zip Code  
 Westlake Village CA 91361

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
President V

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32292

Amount of Each Receipt this Period

70.00

Receipt

Payroll Deduction: (35.00-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Andrew C Hayes

Mailing Address 1620 Timber Woods Lane

City State Zip Code  
 Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Sr Dir, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.94

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32331

Amount of Each Receipt this Period

117.98

Receipt

Payroll Deduction: (58.99-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

644.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Worth Holder Jr

Mailing Address 42 Jamestown Court

City State Zip Code  
 Grayslake IL 60030

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
VP II, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.83

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32366

Amount of Each Receipt this Period

88.90

Receipt

Payroll Deduction: (44.45-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Irene Jakimcius

Mailing Address 2208 Wesley Ave.

City State Zip Code  
 Evanston IL 60201

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1388.81

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32360

Amount of Each Receipt this Period

150.54

Receipt

Payroll Deduction: (75.27-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. James Kamienski

Mailing Address 6312 N Keating

City State Zip Code  
 Chicago IL 60646

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.06

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32302

Amount of Each Receipt this Period

104.96

Receipt

Payroll Deduction: (52.48-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

344.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Robert Keeley

Mailing Address 22606 Bridle

City State Zip Code  
 Kildeer IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

886.32

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32337

Amount of Each Receipt this Period

94.44

Receipt

Payroll Deduction: (47.22-  
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Jane Kiernan

Mailing Address 525 W. Roscoe, #3W

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
General Manager III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32315

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Marie G Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter World Trade Corpora-  
tionOccupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1349.56

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32370

Amount of Each Receipt this Period

143.72

Receipt

Payroll Deduction: (71.86-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

318.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Edward A Langan  
Mailing Address 1605 Highland Avenue

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32290

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (75.00-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Susan R Lichtenstein  
Mailing Address 1257 W Wrightwood Ave

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation  
CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3699.17

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32358

Amount of Each Receipt this Period

392.30

Receipt

Payroll Deduction: (196.1-  
5/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Raymond Linder Jr  
Mailing Address 246 Montclair Road

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.03

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32319

Amount of Each Receipt this Period

74.62

Receipt

Payroll Deduction: (37.31-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

616.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald K Lloyd Mailing Address 1694 Falling Star Ave. City State Zip Code Westlake Village CA 91362 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation General Manager IV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32318 Amount of Each Receipt this Period 100.00 Receipt Payroll Deduction: (50.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Lykken Mailing Address 421 North Wheaton Ave. City State Zip Code Wheaton IL 60187 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation VP, Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1023.60		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32367 Amount of Each Receipt this Period 115.38 Receipt Payroll Deduction: (57.69- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Brian W Magerkurth Mailing Address 4218 Third Street Lane NW City State Zip Code Hickory NC 28601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation VP II, Global Supply Chain Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1078.80		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32324 Amount of Each Receipt this Period 114.96 Receipt Payroll Deduction: (57.48- /Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

330.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Martin			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7	
Mailing Address 546 Lochwood Dr			<b>Transaction ID:</b> 71016.C32307	
City State Zip Code Crystal Lake IL 60012			Amount of Each Receipt this Period 145.66	
FEC ID number of contributing federal political committee. <b>C</b>			Receipt	
Name of Employer Baxter Healthcare Corpora- tion		Occupation VP I, Mfg Strategic Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 436.98		
<b>B.</b> Full Name (Last, First, Middle Initial) Teresita Martinez-santini			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7	
Mailing Address A-1 Atenas St Repto Flamingo			<b>Transaction ID:</b> 71016.C32374	
City State Zip Code Bayamon PR 00959			Amount of Each Receipt this Period 91.54	
FEC ID number of contributing federal political committee. <b>C</b>			Receipt	
Name of Employer Baxter Healthcare Puerto Rico		Occupation Dir, Quality		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 860.87		
<b>C.</b> Full Name (Last, First, Middle Initial) Jeanne K Mason			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7	
Mailing Address 1 Baxter Parkway DF 1-2E			<b>Transaction ID:</b> 71016.C32363	
City State Zip Code Deerfield IL 60015			Amount of Each Receipt this Period 319.24	
FEC ID number of contributing federal political committee. <b>C</b>			Receipt	
Name of Employer Baxter International Inc.		Occupation CVP, HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3009.70		

SUBTOTAL of Receipts This Page (optional) .....

556.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kevin Mcculloch  
Mailing Address 730 Greenwood Avenue

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Transition Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1123.67

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32342

Amount of Each Receipt this Period

119.62

Receipt

Payroll Deduction: (59.81-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Bruce McGillivray  
Mailing Address 151 Ridge Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
CVP, President Renal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2846.23

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32338

Amount of Each Receipt this Period

307.70

Receipt

Payroll Deduction: (153.8-  
5/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Frank Monteleone  
Mailing Address 4620 Forest Edge Lane

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

992.71

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32344

Amount of Each Receipt this Period

92.30

Receipt

Payroll Deduction: (46.15-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

519.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Murphy

Mailing Address 14601 N Somerset Circle

City State Zip Code  
 Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Asst General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.41

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32343

Amount of Each Receipt this Period

53.06

Receipt

Payroll Deduction: (26.53-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Peter Omalley

Mailing Address 791 Summit Avenue

City State Zip Code  
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP/GM II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32349

Amount of Each Receipt this Period

90.00

Receipt

Payroll Deduction: (45.00-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Shannon W. Penberthy

Mailing Address 3214 Porter Street, NW

City State Zip Code  
 Washington DC 20008

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32325

Amount of Each Receipt this Period

160.00

Receipt

Payroll Deduction: (80.00-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

303.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Carla Pittman Mailing Address 5720 Shenandoah Avenue City State Zip Code Los Angeles CA 90056 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation Sr Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1003.53			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32339 Amount of Each Receipt this Period 106.62 Receipt Payroll Deduction: (53.31- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Virginia Pringle Mailing Address 6655 Bobby Jones Ct City State Zip Code Palmetto FL 34221 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation Mgr II, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 573.91			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32312 Amount of Each Receipt this Period 62.14 Receipt Payroll Deduction: (31.07- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Jill A Rowison Mailing Address Apt 818 777 7th St NW City State Zip Code Washington DC 20001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation Mgr, Federal Govt Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32332 Amount of Each Receipt this Period 38.46 Receipt Payroll Deduction: (19.23- /Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

207.22

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Fredrick Ruda Mailing Address 1316 Ashland Ave. City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation Dir, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt MM / DD / YYYY 09 / 07 / 2007 <b>Transaction ID:</b> 71016.C32321 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Roibin Ryan Mailing Address 1419 W Berteau City Chicago State IL Zip Code 60613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation Deputy General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1708.35		Date of Receipt MM / DD / YYYY 09 / 07 / 2007 <b>Transaction ID:</b> 71016.C32361 Amount of Each Receipt this Period 182.94 Receipt Payroll Deduction: (91.47- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) James K Saccaro Mailing Address Baxter Expatriate Admin PO Box 747 City Deerfield State IL Zip Code 60015 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter World Trade Corporation Occupation VP II, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 922.32		Date of Receipt MM / DD / YYYY 09 / 07 / 2007 <b>Transaction ID:</b> 71016.C32372 Amount of Each Receipt this Period 99.88 Receipt Payroll Deduction: (49.94- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**322.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

David P Scharf

Mailing Address 931 Oak Street

City State Zip Code  
 Winnetka IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
CVP, Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

956.12

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32359

Amount of Each Receipt this Period

103.84

Receipt

Payroll Deduction: (51.92-  
/Pay Period)

**B.** Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.28

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32291

Amount of Each Receipt this Period

106.64

Receipt

Payroll Deduction: (53.32-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)

John P Shannon

Mailing Address 432 Utley

City State Zip Code  
 Elmhurst IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

879.04

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32348

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

310.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah Spak

Mailing Address 1555 Stratford

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
Dir, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.59

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32365

Amount of Each Receipt this Period

24.26

Receipt

Payroll Deduction: (12.13-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Donald Sullivan

Mailing Address 910 W Cypress Drive

City State Zip Code  
 Arlington Heights IL 60005

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32352

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Daniel Tasse

Mailing Address 95 Spring Street

City State Zip Code  
 New Providence NJ 07974

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
General Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2038.55

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32323

Amount of Each Receipt this Period

216.34

Receipt

Payroll Deduction: (108.1-  
7/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

320.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Karenann Terrell Mailing Address 914 Queens Lanes City State Zip Code Glenview IL 60025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation CVP, Chief Information Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3653.89			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32362 Amount of Each Receipt this Period 384.62 Receipt Payroll Deduction: (192.3- 1/Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Onelia Vera-littrell Mailing Address 619 Oleander Drive City State Zip Code Hallandale FL 33009 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation Asst General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1735.02			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32346 Amount of Each Receipt this Period 187.64 Receipt Payroll Deduction: (93.82- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Cheryl White Mailing Address 4069 Mayfield Street City State Zip Code Newbury Park CA 91320 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation CVP, Quality Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2519.30			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 71016.C32351 Amount of Each Receipt this Period 269.24 Receipt Payroll Deduction: (134.6- 2/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

841.50

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Deborah K Williams

Mailing Address 3805 Fenchurch Rd

City State Zip Code  
Baltimore MD 21218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32333

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Vernon Williams

Mailing Address 1601 Wyndham Court

City State Zip Code  
Santa Ana CA 92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Baxter IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32341

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Subramania Yogendran

Mailing Address S Yogendran PO Box 747

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpora-  
tion

Occupation  
VP II, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: 71016.C32371

Amount of Each Receipt this Period

81.84

Receipt

Payroll Deduction: (40.92-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

281.84

**TOTAL** This Period (last page this line number only) .....

8744.22

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Enzi for U.S. Senate

Mailing Address PO Box 2775

City  
Cody

State  
WY

Zip Code  
82414-2775

Purpose of Disbursement

Candidate Name  
MICHAEL B ENZI

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 00

Transaction ID: 71016.E801

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Gallegly for Congress

Mailing Address PO Box 940001

City  
Simi Valley

State  
CA

Zip Code  
93093-

Purpose of Disbursement

Candidate Name  
ELTON GALLEGLY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 24

Transaction ID: 71016.E800

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

4000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Team Coughlin

Mailing Address 2324 Iota Ave

City  
Cuyahoga Falls

State  
OH

Zip Code  
44223-1006

Purpose of Disbursement  
DEBT RETIREMENT

Candidate Name  
Kevin Coughlin

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 27

**Transaction ID: 71016.E798**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Committee to Elet Bill Harris

Mailing Address 1238 Township Road 1506

City  
Ashland

State  
OH

Zip Code  
44805-4580

Purpose of Disbursement  
DEBT RETIREMENT

Candidate Name  
Bill Harris

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 19

**Transaction ID: 71016.E799**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00